

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 NOV 17 AM 9:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #  
1. Entity Name  
**F98000004488**  
**WALL STREET FINANCIAL CORPORATION**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**75 Lane Rd**  
Suite, Apt. #, etc.  
**Fairfield, N.J.**  
City & State  
Zip  
**07004** Country  
**USA**

3. Mailing Address  
**75 Lane Rd.**  
Suite, Apt. #, etc.  
**Fairfield, NJ**  
City & State  
Zip  
**07004** Country  
**USA**

**REINSTATEMENT 02**

DO NOT WRITE IN THIS SPACE

4. FFI Number  
**22-2927643** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent  
Name  
**Natalie Infante**  
Street Address (P.O. Box Number is Not Acceptable)  
**183 South State Rd 7**  
**margate**  
City  
**FL** Zip Code  
**33068**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Natalie Infante** (NOTE: Registered Agent signature required when reinstating) DATE **11/6/03**

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PRESIDENT MOSTAFA, KHALED 21 OLD WOODS ROAD SADDLE RIVER, NJ 07458</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>SECRETARY CARKHUFF, CHRISTOPHER 211 BENDER MERRE AVE INTERLAKEN, NJ 07712</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>600024723676 11/17/03--01003--002 **150.00</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>TREASURER RAFFA, JOHN F 227 W SADDLE RIVER RD SADDLE RIVER NJ 07458</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>8/6/21</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the owner or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: **[Signature]** DATE **11/6/03** (473) 227-6000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034B (12/02)

# Wall Street Financial Corporation

Licensed Mortgage Banker NJ Dept. of Banking

**Sumana Rangachar -  
Attorney At Law**

November 5, 2003

Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

To Whom It May Concern:

We never received the documents regarding submitting the Annual Report for the past year. Enclosed please find the Application for Reinstatement with a check in the amount of \$150.00 which reflects payment in full. Please confirm the receipt of this correspondence and advise accordingly.

Very truly yours,

Sumana Rangachar

75 Lane Road, Fairfield, New Jersey 07004  
Tel: (973) 227-6000, Ext. 3077 | Fax: (973)  
439-0743